

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Born Fighting PAC

ADDRESS (number and street)

700 13th Street, NW

Suite 600

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00430819

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Fraim

Signature of Treasurer

Electronically Filed by Paul Fraim

Date

07

29

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Born Fighting PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		29695.60
(b) Cash on Hand at Beginning of Reporting Period	29695.60	
(c) Total Receipts (from Line 19)	12744.00	12744.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42439.60	42439.60
7. Total Disbursements (from Line 31)	19811.19	19811.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22628.41	22628.41
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Born Fighting PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	5744.00	5744.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5744.00	5744.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	7000.00	7000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12744.00	12744.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12744.00	12744.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12744.00	12744.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	19811.19	19811.19	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	19811.19	19811.19	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19811.19	19811.19	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19811.19	19811.19	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12744.00	12744.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12744.00	12744.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19811.19	19811.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19811.19	19811.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Born Fighting PAC

A.

Full Name (Last, First, Middle Initial)
Pickett For Congress Campaign Committee

Mailing Address P.O. Box 2127

City State Zip Code
Virginia Beach VA 23452

FEC ID number of contributing
federal political committee.

C C00200873

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 1 1

Transaction ID: C4754291

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
Dominion PAC

Mailing Address One James River Plaza 20th Floor
P.O. Box 26666

City State Zip Code
Richmond VA 23261

FEC ID number of contributing
federal political committee.

C C00108209

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 1

Transaction ID: C4754983

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

7000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Born Fighting PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wired for Change, Inc.</p> <p>Mailing Address 1700 Connecticut Avenue Suite 403</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Website Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300111</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Perkins Coie LLP</p> <p>Mailing Address 700 13th Street, NW Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Legal & Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D291291</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Perkins Coie LLP</p> <p>Mailing Address 700 13th Street, NW Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Legal & Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D301081</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1979.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

3829.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Born Fighting PAC

A. Full Name (Last, First, Middle Initial) Amy L. Hogan	Transaction ID: D296791 Date of Disbursement
Mailing Address 9479 Cloverdale Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 1 / 2 0 1 1</div> </div>
City State Zip Code Burke VA 22015	Amount of Each Disbursement this Period
Purpose of Disbursement Website Consulting Services	<div> <div></div> <div>1000.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Perkins Coie LLP	Transaction ID: D300112 Date of Disbursement
Mailing Address 700 13th Street, NW Suite 600	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 1 1</div> </div>
City State Zip Code Washington DC 20005	Amount of Each Disbursement this Period
Purpose of Disbursement Legal & Accounting Services	<div> <div></div> <div>1500.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Salsa Labs, Inc	Transaction ID: D301082 Date of Disbursement
Mailing Address 1700 Connecticut Ave, NW Suite 403	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 1 1</div> </div>
City State Zip Code Washington DC 20009	Amount of Each Disbursement this Period
Purpose of Disbursement Website Services	<div> <div></div> <div>1050.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Born Fighting PAC

A. Full Name (Last, First, Middle Initial) AWF Consulting, Inc.	Transaction ID: D296792 Date of Disbursement																				
Mailing Address 426 C Street, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Consulting Services Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) AWF Consulting, Inc.	Transaction ID: D291292 Date of Disbursement																				
Mailing Address 426 C Street, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Consulting Services Candidate Name	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Amy L. Hogan	Transaction ID: D300333 Date of Disbursement																				
Mailing Address 9479 Cloverdale Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	1	1												
City Burke State VA Zip Code 22015	Amount of Each Disbursement this Period																				
Purpose of Disbursement Website Consulting Services Candidate Name	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Born Fighting PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ActBlue Technical Services</p> <p>Mailing Address 14 Arrow Street</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D305904</p> <p>Date of Disbursement 06 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 8.12</p> <p>Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Amy L. Hogan</p> <p>Mailing Address 9479 Cloverdale Court</p> <p>City Burke State VA Zip Code 22015</p> <p>Purpose of Disbursement Website Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D301314</p> <p>Date of Disbursement 06 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Perkins Coie LLP</p> <p>Mailing Address 700 13th Street, NW Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Legal & Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D296794</p> <p>Date of Disbursement 02 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 1511.45</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

2519.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Born Fighting PAC

A.

Full Name (Last, First, Middle Initial)

ActBlue Technical Services

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D297274

Date of Disbursement

03 / 27 / 2011

Amount of Each Disbursement this Period

0.04

B.

Full Name (Last, First, Middle Initial)

ActBlue Technical Services

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D305905

Date of Disbursement

06 / 26 / 2011

Amount of Each Disbursement this Period

1.98

C.

Full Name (Last, First, Middle Initial)

ActBlue Technical Services

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D302005

Date of Disbursement

06 / 12 / 2011

Amount of Each Disbursement this Period

1.98

SUBTOTAL of Disbursements This Page (optional)

4.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Born Fighting PAC

A. Full Name (Last, First, Middle Initial) Amy L. Hogan	Transaction ID: D296795 Date of Disbursement																				
Mailing Address 9479 Cloverdale Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	1												
City State Zip Code Burke VA 22015	Amount of Each Disbursement this Period																				
Purpose of Disbursement Website Consulting Services Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Salsa Labs, Inc	Transaction ID: D300136 Date of Disbursement																				
Mailing Address 1700 Connecticut Ave, NW Suite 403	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	1	1												
City State Zip Code Washington DC 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement Website Services Candidate Name	<table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table>	350.00																			
350.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Salsa Labs, Inc	Transaction ID: D301586 Date of Disbursement																				
Mailing Address 1700 Connecticut Ave, NW Suite 403	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	1												
City State Zip Code Washington DC 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement Website Services Candidate Name	<table border="1"> <tr> <td colspan="10">700.00</td> </tr> </table>	700.00																			
700.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Born Fighting PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ActBlue Technical Services</p> <p>Mailing Address 14 Arrow Street</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D301587</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 10.10</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ActBlue Technical Services</p> <p>Mailing Address 14 Arrow Street</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300188</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 81.19</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ActBlue Technical Services</p> <p>Mailing Address 14 Arrow Street</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D301588</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 39.33</p>

SUBTOTAL of Disbursements This Page (optional)

130.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Born Fighting PAC

A.

Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D302028

Date of Disbursement

05 / 08 / 2011

Amount of Each Disbursement this Period

7.90

B.

Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D298388

Date of Disbursement

04 / 03 / 2011

Amount of Each Disbursement this Period

4.41

C.

Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D301589

Date of Disbursement

06 / 05 / 2011

Amount of Each Disbursement this Period

3.95

SUBTOTAL of Disbursements This Page (optional)

16.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Born Fighting PAC

A.

Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address 14 Arrow Street

City State Zip Code
Cambridge MA 02138

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D302029

Date of Disbursement

05 / 01 / 2011

Amount of Each Disbursement this Period

8.94

B.

Full Name (Last, First, Middle Initial)
Amy L. Hogan

Mailing Address 9479 Cloverdale Court

City State Zip Code
Burke VA 22015

Purpose of Disbursement
Website Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D297649

Date of Disbursement

04 / 04 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address 14 Arrow Street

City State Zip Code
Cambridge MA 02138

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D298389

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

59.53

SUBTOTAL of Disbursements This Page (optional)

1068.47

TOTAL This Period (last page this line number only)

19667.92